mechanism (for example, to "name and shame" individual doctors), resulting in a further deterioration in doctors' morale in both countries.

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The instrument that determined my practice

We all have our reasons as to why we eventually settle in our specialties. Some reasons are short and straightforward; others are multiple and meandering. Some reasons are honest and honourable; others I daresay are false and forced. I have only one real (and ridiculous) reason—the reflection of my awestruck 5 year old face in a head mirror.

Twenty five years ago, I sat high on a red swivel chair, swinging my legs nervously and staring at a selection of shiny but scary instruments sprawled across a long wooden desk. I gripped my mother's hand while she spoke to a big voice from a big face from a big man in a big white coat. He suddenly stopped and turned his big eyes on me. I dug my nails into my mother's hand. He reached out his big hand over the menacing silver array on his desk. I closed my eyes tightly. He said something … bigly.

I slowly opened my eyes. And there I was, staring back at myself, from a round mirror with a hole in its middle, strapped to his head. He was not a monster, he was a cartoon. I had seen a medical Mickey Mouse donning such a device. I remembered a doctory Daffy Duck sporting similar. My memory was then flooded with cartoon, comic strip, and television doctors, all gathering to reassure me in that ear, nose, and throat clinic. My subsequent nasal cautery was no longer a big deal.

Years later, as a clinical medical student, during my brief attachment in the ENT department, I found myself again reflected in a head mirror. I remembered that first encounter. Now, I found myself wearing a head mirror: it fitted so well, so perfectly. Like the stethoscope, a head mirror defines the doctor in the public mind. It felt so comfortable, so familiar. Like the white coat, a head mirror is melded to medicine in the public imagination. I knew then, as I know now, that I was going to become an otorhinolaryngologist.

Otorhinolaryngologists spend most of their lives peering down dark and deep orifices. The reflecting head mirror with separate light source is the traditional method of illumination. In 1841 Friedrich Hoffman first described the use of a centrally perforated, handheld mirror to reflect sunlight into the ear. Anton von Tröltsch, a contemporary German otologist, popularised the concept and ultimately fastened a circular, concave mirror to his forehead, as is currently practised. Today, a standardised mirror is used for otoscopy, rhinoscopy, and laryngoscopy. Much practice is needed to use the instrument properly. An otorhinolaryngologist looks through the central aperture with one eye, the line of sight being effectively parallel to reflected light rays, and around the edge with the other. This eliminates head shadow and parallax, allowing all-important stereoscopic vision, not to mention brilliantly focused illumination.

Otorhinolaryngology is a small specialty. It has little exposure in undergraduate curricula, and even less to the public eye. I do not know how it is that an instrument exclusively used by such surgeons has become an emblem of "the doctor," embedded in minds as young as 5 years old. But I do know that I enjoy nothing more in busy ENT clinics than seeing children. I love slipping on my head mirror and then seeing wonder in their eyes and recognition in their smiles. Nowadays, I guess I am not so much their Mickey or Daffy, but their Dr Hibbert from *The Simpsons*. None the less, I wonder how many such children will, like my 5 year old self, be impressed enough to adopt a head mirror professionally.

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We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to.